

# **INSPECTION CHECKLIST WELL INVESTIGATION PROGRAM**

## **I. GENERAL INFORMATION**

Site name PENNOYER-DODGE CO. WIP File # 109.0833  
 Address 6650 SAN FERNANDO ROAD Site # PS  
GLENDAL, CA 91201-1017 SIC Code 3428  
 Ownership Federal    State    Local Agcy    Private X  
 Organization CORPORATION  
 (Corporation, Partnership, Sole Proprietor, etc.)  
 Corporate Relationship     
 (Parent, Subsidiary, Division, etc.)  
 Contact ROBERT DODGE Telephone No. (818) 547-2100  
 Other Participants (e.g., Board staff, consultants)  
NO  
 Number of Employees (at this location) 30  
 Length of time facility at this location 48 YEARS

	ACTIVITIES		PERMITS		PERMIT No.s
	Yes	No	Yes	No	
Generator	<u>X</u>	<u>  </u>	<u>X</u>	<u>  </u>	<u>CAD008356958</u>
Treatment	<u>X</u>	<u>  </u>	<u>  </u>	<u>X</u>	<u>PENDING</u>
Storage	<u>  </u>	<u>X</u>	<u>  </u>	<u>  </u>	<u>  </u>
Disposal	<u>  </u>	<u>X</u>	<u>  </u>	<u>  </u>	<u>  </u>
Transporter	<u>  </u>	<u>X</u>	<u>  </u>	<u>  </u>	<u>  </u>

Chemical Use Questionnaire YES NO  
 Submitted X     
 Returned Complete/Completed        
 Copy Left For Submittal        
 Chemical Use Questionnaire revised/amended?        
 Photographs taken    Yes X No

Priority PX  
 Inspector KL  
 Date 09/27/94 inspected

Senior Glenn  
 Review Date 9-28-94

**II. FACILITY DESCRIPTION AND LAYOUT**

	Yes	No	Yes	No
Underground Tanks (number___)			___	<u>X</u>
permits	___	___		
tested for leaks	___	___		
under monitoring program	___	___		
 Above Ground Tanks (number___)			___	<u>X</u>
good condition	___	___		
appearance of discharges	___	___		
 (M)aterials and (W)aste Storage:			<u>X</u>	___
indoors	___	covered___	concrete	<u>X</u>
outdoors	<u>X</u>	uncovered___	asphalt	___
locked	<u>X</u>	curbed/bermed___	soil	___
containers sealed	___	other:___		
size, number, and condition of containers				<u>55 GAL.</u>
				<u>5 DRUMS OF WASTE SOLIDS AND ONE DRUM OF WASTE OIL</u>

Does spill control appear adequate? O.K. (WITH QUICK-SORB)

For how long is waste stored? WITHIN 3 MONTHS  
 (is it exceeding holding times?) \_\_\_Yes XNo \_\_\_Not labeled

How are chemicals/materials managed?

	Yes	No
Are chem/mat. rotated on a		
first in/first out basis?	<u>X</u>	___
MSDSs available for all chemicals	<u>X</u>	___
Emergency/spill response equip. available?	<u>X</u>	___
Are incompatibles stored together?	___	<u>X</u>
Are obsolete chemicals being stored	___	<u>X</u>
If so, what chemicals and how much?		

**III. PROCESS, HANDLING, DISPOSAL**

	Yes	No
Potential for Leaks, Spills, or Discharges	<u>X</u>	___
Describe volumes, construction materials, and substances handled. <u>55 GAL. CONTAINER OF TOLU-SOL (8% TOLUENE).</u>		
Clarifier(s) [number ___]	___	<u>X</u>
Sump(s) [number ___]	___	<u>X</u>
Underground piping (Sanitary Sewer)	<u>X</u>	___

**IV. EVIDENCE OF WASTE DISCHARGE**

	Yes	No
Overall Facility Impressions		
Clean	<u>X</u>	___
Good Housekeeping Practices	<u>X</u>	___
Evidence of Discharge (describe)	___	<u>X</u>
(e.g., discolored soil, oily stains) _____		
<hr/>		
Migration Pathways		
(e.g., corroded or cracked pavemt/conc?)	___	<u>X</u>
If "yes," describe _____		
Describe any visual evidence of release to soil: _____		
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Any previous soil or site investigation(s)?	___	<u>X</u>
Describe _____		

Does Generator appear to be familiar with Federal and State regulations on hazardous waste?   Yes X No \_\_\_

**V. COMMENTS**   (Make sure questionnaires are complete, attach another page if necessary for your comments)

ON SEPTEMBER 27, 1994, THE SITE WAS INSPECTED. CURRENT BUSINESS AT THE SITE WAS RELATED TO MANUFACTURING GAGES. THE SITE HAD THREE BUILDINGS AT 6650, 6634 AND 6628 SAN FERNANDO ROAD. AT 6650 SAN FERNANDO ROAD, THERE WERE OFFICES AND POLISHING AREA. AT 6634 SAN FERNANDO ROAD, THERE WAS A METAL ROOM FOR SURFACE GRINDING. AT 6628, THERE WAS A SPECIAL TOOL ROOM. AND THERE WAS AN OUTDOOR WASTE/CHEMICAL STOAGE AREA FENCED NEXT TO THE FACILITY. INSIDE THE BUILDING, THERE WAS A CHROM TREATMENT SYSTEM USING ACID AND BASE. Mr. BOB DODGE INDICATED THAT HE WAS IN PROCESS GETTING PERMIT FROM L.A. COUNTY AND CITY ALTHOUGH HE HAD A FEE PERMIT FROM THE CITY AND SCAQMD. ALL THE AREA WAS CLEAN AND WELL MANAGED. DURING THE INSPECTION, NO DISCHARGE AND SPILL WERE NOTICED. THE CSUQ SUBMITTED INDICATED NO CHLORINATED SOLVENT USE AT THE SITE. STAFF CLASSIFIED AS P4.

**Require:** 1) NO FURTHER ACTION

2)

3)